



The Commonwealth of
Massachusetts
State Board of Building Regulations
and Standards
Massachusetts State Building Code
780 CMR



TOWN OF NAHANT
BUILDING DEPARTMENT,
TOWN HALL
334 Nahant Road
NAHANT, MA 01908

Commonwealth of Massachusetts

Sheet Metal Permit

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>M-15-4209</i>	<i>10/27/2015</i>	<i>M-15-0423</i>	<i>189</i>	<i>6236</i>	<i>10/27/2015</i>
Date	<i>10/19/2015</i>	Permit #			
Estimated Job Cost :	<i>\$ 18,895.00</i>	Permit Fee :	\$		
Plans Submitted : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Plans Reviewed : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
Business License #	<i>474</i>	Applicant License #			
Business Information :		Property Owner / Job Location Information :			
Name :	<i>Universal Mechanical Contractors, Inc.</i>	Name :	<i>COTE, ANNE D</i>		
Street :	<i>9 Devlin Way</i>	Street :	<i>LITTLE NAHANT RD</i>		
City/Town :	<i>Lynn</i>	City/Town :	<i>NAHANT</i>		
Telephone :	<i>7815959222</i>	Telephone :			
Photo I.D. required / Copy of Photo I.D. attached : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> _____ Staff Initial _____					
J-1 / M-1-unrestricted license					
J-2 / M-2-restricted to dwellings 3-stories or less and commercial up to 10,000 sq. ft. / 2-stories or less					
Residential : 1-2 family <input type="checkbox"/> Multi-family <input type="checkbox"/> Condo / Townhouses <input type="checkbox"/> Other(Specify) <input type="checkbox"/>					
Commercial : Office <input type="checkbox"/> Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Other(Specify) <input type="checkbox"/>					
Square Footage : under 10,000 sq. ft. <input type="checkbox"/> over 10,000 sq. ft. <input type="checkbox"/> Number of Stories: <i>2</i>					
Sheet metal work to be completed : New Work : <input type="checkbox"/> Renovation : <input type="checkbox"/>					
HVAC <input type="checkbox"/> Metal Watershed Roofing <input type="checkbox"/> Kitchen Exhaust System <input type="checkbox"/>					
Metal Chimney / Vents <input type="checkbox"/> Air Balancing <input type="checkbox"/>					
Provide detailed description of work to be done :					
<i>Installation of a gas fired furnace with central a/c and complete duct system.</i>					

INSURANCE COVERAGE :

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112
Yes No

If you have checked Yes, indicate the type of coverage by checking the appropriate box below:

A liability insurance policy Other type of indemnity Bond

OWNER'S INSURANCE WAIVER : I am aware that the licensee does not have the insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent

Check One Only

Owner Agent

By checking this box , I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: YES NO

Progress Inspections

<u>Date</u>	<u>Comments</u>

Final Inspection

<u>Date</u>	<u>Comments</u>

	Type of License :	
By :	<input checked="" type="checkbox"/> Master	
Title :	<input type="checkbox"/> Master-Restricted	
City/Town :	<input type="checkbox"/> Journeyperson	Signature of Licensee
Permit # :	<input type="checkbox"/> Journeyperson-Restricted	License Number : 1157
Fee : \$	<input type="checkbox"/>	Check at www.mass.gov/dpl

Inspector Signature of Permit Approval